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APPLICANTS

Jeffrey Herold, Huntington Beach, CA;

** CONTINUING DATA *None*** FOREIGN APPLICATIONS *None*
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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ADDRESS

Robert E. Krebs
 Thelen Reid & Priest LLP
 P.O. Box 640640
 San Jose, CA
 95164-0640

TITLE

Ergonomically configured shoulder straps system

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